**Internship Agreement Form**

**Internship Activities** (attach separate sheet of paper if necessary):

* These activities must support the student intern’s career goal.

Estimated Start Date: ______________________   End Date: ______________________

Estimated number of work hours per week: ______________________

NOTE: Start and end dates must correspond to BGSU semester start/end dates. Estimated number of hours based on credit hours

__________________________________________   Date

**Student Intern Signature**

__________________________________________   Date

**Cooperating Professional/Supervisor Signature**

__________________________________________   Date

Organization Name: ___________________________________________________________

Contact Person/Title: __________________________________________________________

Address: ___________________________________________________________________

Phone: ______________________   E-mail: ______________________